

STATE OF NEW HAMPSHIRE
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Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW

Report for

Mental Health Center of Greater Manchester

Issued August 17, 2018

Quality Service Review Report
for Mental Health Center of Greater Manchester

NH Department of Health and Human Services
Office of Quality Assurance and Improvement
Bureau of Quality Management

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Disclaimer

Enhancements were made to the QSR instruments and scoring protocol prior to conducting this QSR, hence, the results contained in this report are not comparable to those in the prior year's QSR reports and have some variations to the prior QSR report.

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The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the Mental Health Center of Greater Manchester staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. OQAI also thanks the CMHC QSR review team, which included staff from OQAI and staff from the Division of Behavioral Health.

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
MHCGM	Mental Health Center of Greater Manchester
NHH	New Hampshire Hospital
OCR	Overall Client Review
OQAI	Office of Quality Assurance and Improvement
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 Quality Indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at Mental Health Center of Greater Manchester (MHCGM) in Manchester, NH, from June 11 through June 15, 2018. The MHCGM QSR sample included 22 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of June 1, 2017 through June 10, 2018. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

MHCGM received a score of 70% or greater for 14 of the 18 quality indicators. The following four quality indicators were identified as areas in need of improvement:

Quality Indicator 8: Adequacy of employment assessment/screening

Quality Indicator 10: Adequacy of individual employment service delivery

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 17: Implementation of High Fidelity ACT Services

MHCGM is required to submit a Quality Improvement Plan to DHHS for each of the four quality indicators identified as needing improvement.

Table 1: Mental Health Center of Greater Manchester QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	22	73%	No	4
2. Appropriateness of treatment planning	22	94%	No	3
3. Adequacy of individual service delivery	22	87%	No	6
4. Adequacy of housing assessment	22	100%	No	1
5. Appropriateness of housing treatment planning	22	95%	No	1
6. Adequacy of individual housing service delivery	22	82%	No	3
7. Effectiveness of the housing supports provided	22	75%	No	5
8. Adequacy of employment assessment/screening	22	64%	Yes	2
9. Appropriateness of employment treatment planning	16*	75%	No	1
10. Adequacy of individualized employment service delivery	16*	69%	Yes	2
11. Adequacy of assessment of social and community integration needs	22	98%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	22	78%	No	13
13. Adequacy of crisis assessment	17*	63%	Yes	4
14. Appropriateness of crisis plans	22	93%	No	2
15. Comprehensive and effective crisis service delivery	13*	77%	No	5
16. Adequacy of ACT screening	22	95%	No	2
17. Implementation of High Fidelity ACT Services	14*	50%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	11*	82%	No	7

* Individuals not applicable to the quality indicator were excluded from scoring.

I. Background

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

II. Purpose

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process in consultation with representatives of the plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

III. QSR Process Overview

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC. During the on-site period, daily meetings are held with QSR reviewers to ensure consistent practice and inter-rater reliability, and to seek assistance from the CMHC staff if needed. During the post-on-site period, follow-up tasks required of the CMHC are completed and OQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Information gathered during the site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

Evidence during the first year of administering the QSR demonstrated that the sample category re-assignment that occurred because of the information gathered during the site review tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA*, to ensure a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

For each individual, the CMHC identifies a staff member to be interviewed who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC, and the activities that he/she participates in outside of the CMHC.

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, in order for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual's needs and preferences (performance measure 1a), identify an individual's strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as "YES" (positive) or "NO" (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: CMHC QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual, therefore the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of High Fidelity ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable Quality Indicators , e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA

Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
Employment Services and Supports: Quality Indicators 8, 9, and 10;
Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;
Crisis Services and Supports: Quality Indicators 13, 14, and 15;
ACT Services: Quality Indicators 16, and 17; and
Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data to explain instances such as differences between individuals receiving ACT and those not receiving ACT, particularly low scoring measures within a Quality Indicator, and outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

Quality Improvement Plan and Monitoring

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any Quality Indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY

18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the OQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and OQAI each quarter. BMHS and OQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

V. Mental Health Center of Greater Manchester QSR Findings

Mental Health Center of Greater Manchester Overview

The MHCGM QSR was conducted at the MHCGM office in Manchester, NH. Additional information about MHCGM is found in Appendix 4: Agency Overview. Five-hundred eighty-six MHCGM individuals met the QSR sample criteria. Twenty-three eligible individuals were drawn from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories at random to be interviewed, however only 22 individual interviews were completed. Information gathered during the site review resulted in individuals being re-assigned to a different sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the four sample categories.

Table 2: Number of Individuals by Category

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	87	15%	5	23%
ACT/NO IPA	182	31%	9	41%
NO ACT/IPA	38	6%	6	27%
NO ACT/NO IPA	279	48%	2	9%
Total	586	100%	22	100%

The MHCGM Quality Service Review included a review of 22 clinical records, 22 individual interviews and 22 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Phone	<i>Total</i>
Individuals Interviewed	20	2	22
Staff Interviewed	22	0	22
Clinical Records Reviewed	22	NA	22

From June 11 through June 15, 2018, five teams consisting of staff from OQAI and DBH completed the DHHS on-site data collection processes. Data was collected for the review period of June 1, 2017 through June 10, 2018. Following the on-site review, the QSR data was scored. Analysis of the scores was then completed.

Mental Health Center of Greater Manchester Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. MHCGM was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete

and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Twenty-two individuals were scored for Quality Indicator 1. MHCGM received a score of 73%. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual's needs and preferences	21	1
Measure 1b: Assessments identify individual's strengths	3	19
Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	19	3
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	21	1

Additional Results

- MHCGM uses a variety of methods and tools to assess individuals' needs including but not limited to intake assessments, Level 1 and Level 2 assessments, the Mental Health Statistical Improvement Plan (MHSIP) Eligibility Report, and annual assessment updates. Nineteen of 22 staff indicated that at least part of the assessment process is completed through face-to-face interactions with the individuals (SII Q2).
- Overall, one individual was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan. This individual and his/her caretaker described substantial needs regarding housing and income related issues which had not been identified in assessments or within treatment planning (OCR Q3).

Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change

in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Twenty-two individuals were scored for Quality Indicator 2. MHCGM received a score of 94%. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	21	1
Measure 2b: Treatment planning is person-centered and strengths based	20	2
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	21	1

Additional Results

- Individuals responded they talked with MHCGM staff regularly about their needs and goals, with response ranging from multiple times per week to quarterly. One individual expressed concerns, however, that sessions were one-sided and did not result in progress (CII Q2).
- Nineteen individuals responded staff actively work with them on their goals (CII Q5).
- Of the 22 individuals interviewed, 17 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- Of the 22 clinical records reviewed, 16 individuals signed their most recent ISP/treatment plan (CRR Q12). All 22 ISP/treatment plans included the individuals' strengths (CRR Q13). Twenty ISP/treatment plans were written in plain language (CRR Q14).
- Of the 22 individuals interviewed, 16 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Seven individuals said there were other people who had not been involved in their treatment planning that they wish had been involved (CII Q7). Narrative responses indicated some had family members they thought should be involved while others wished that previous staff they worked with could have been involved.
- Overall, one individual was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan. This individual and his/her

caretaker described substantial needs regarding housing and income related issues which had not been identified in assessments or within treatment planning (OCR Q3).

Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Twenty-two individuals were scored for Quality Indicator 3. MHCGM received a score of 87%. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	11	11
Measure 3b: Service delivery is flexible to meet individual's changing needs and goals	19	3
Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	20	2
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	22	0
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	21	1
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	22	0

Additional Results

- Of the 22 individuals interviewed, 15 individuals responded they were “able to get all” the services and supports they need to meet their current needs and achieve their goals; six individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; and one individual responded “no”, he/she was not able to get all the services and supports needed to meet his/her current needs and achieve his/her goals (CII Q14). Of the seven individuals who

responded “somewhat” or “no,” responses included needing more CMHC-provided supports such as access to InShape, help in getting a job, help with making friends, and help with changing roommates (CII Q15).

Of highlight, one individual emphasized the importance of his/her positive clinical relationships, sharing that staff had been helpful with “their honesty, comfort, a hand...they are so kind, they always look me in the eye. If I make a mistake they do not yell at me” (CII Q11).

- Staff acknowledged that there were some services that six of the 22 individuals were not receiving at the frequency indicated in their treatment plan (SII Q6). Of those six, four individuals declined services (SII Q7).
- Overall, it was determined that all 22 individuals reviewed were receiving services at a frequency and intensity consistency with their demonstrated needs (OCR Q1).
- Overall, one individual was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan. This individual and his/her caretaker described substantial needs regarding housing and income related issues which had not been identified in assessments or within treatment planning (OCR Q3).
- Overall, 22 individuals reviewed were observed to be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5).
- While MHCGM is not required to complete a QIP for Indicator 3, Measure 3a stands out as a focus of attention; 50% of the individuals interviewed were not receiving many of their prescribed services at the frequency established as clinically appropriate. The general consensus after completing all interviews and record reviews was that, overall, individuals were receiving services necessary to meet their needs; however, this contrasts with the service delivery in accordance with what is prescribed on their treatment plans and the explanations provided by staff regarding why services weren’t provided as prescribed. Seven staff responses were not considered adequate reasons for individuals not receiving services as prescribed (SII Q7). Reasons included staff forgetting to remove services from the treatment plan; staff being away on vacation or medical leave and supplemental coverage was not available during their absences; and staff indicating that services were being provided at the frequency prescribed, but were not always billed according to the provided service, i.e., the case manager would provide FSS, case

management, and individual therapy services to the client, but code all three services as FSS when billing for the services (SII Q8).

HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."²

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Twenty-two individuals were scored for Quality Indicator 4. MHCGM received a score of 100%. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	22	0

Additional Results

- Fifteen of 22 individuals had housing needs identified in either the case management assessment or elsewhere in the clinical record (CRR Q21).
- The most frequently cited needs were related to finding and maintaining appropriate and affordable housing (CRR Q22).

Quality Indicator 5: Appropriateness of Housing Treatment Planning

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Twenty-two individuals were scored for Quality Indicator 5. MHCGM received a score of 95%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual's housing needs and goals	21	1

Additional Results

- Fifteen of 22 individuals had housing needs identified in either the case management assessment or elsewhere in the clinical record (CRR Q21). Of those 15 individuals, 14 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and 14 had housing goals in alignment with their assessed housing needs (CRR Q28).
- Overall, individuals' goals were in alignment with the identified needs, focusing on daily living skills and maintaining housing. All housing goals and plans were generalized to assessing housing needs and linking, referring, and monitoring housing needs or maintaining safe and stable housing, rather than worded in a way that was specific to the individual (CRR Q25).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity,

frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

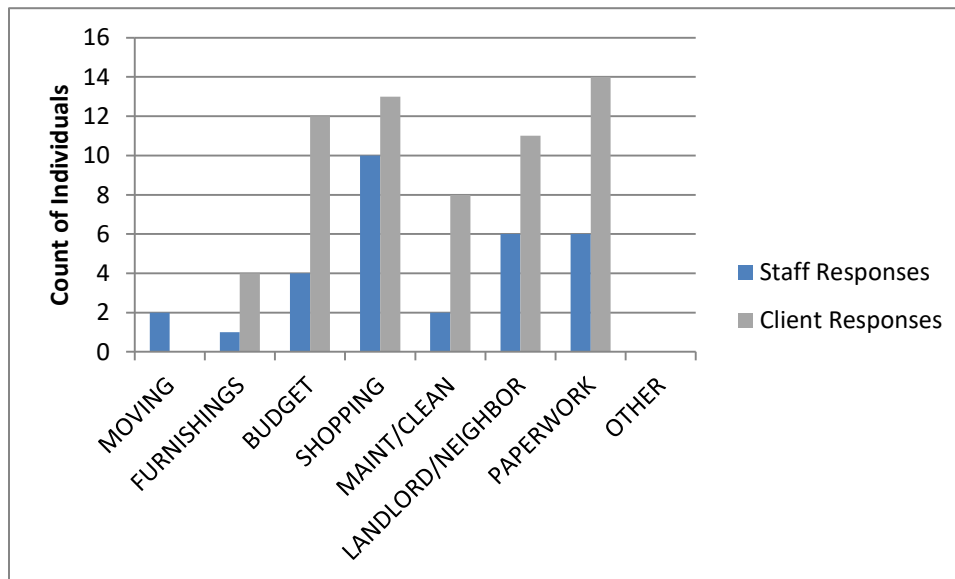
Twenty-two individuals were scored for Quality Indicator 6. MHCGM received a score of 82%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	19	3
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	14	8
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	21	1

Additional Results

- Comments from individuals regarding what else was needed to reach their housing goals included more support from their therapist, information about additional resources, additional income, and general help towards finding appropriate housing (CII Q47).
- Overall, one individual reviewed was observed to not be receiving services adequate to obtain and maintain stable housing. While this one individual had housing, the income required to maintain it was limited and the family appeared to be in jeopardy of losing this housing if some intervention did not occur in the near future. Additionally, needs related to this were not identified in the clinical record. (OCR Q9).
- The most common housing services received by individuals were help with housing paperwork, budgeting, and landlord or neighbor relations (SII Q31, CII Q43) (see Figure 1).

Figure 1: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Twenty-two individuals were scored for Quality Indicator 7. MHCGM received a score of 75%. Quality Indicator 7 consists of Measures 7a-7e. Of the 22 individuals interviewed, nine individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

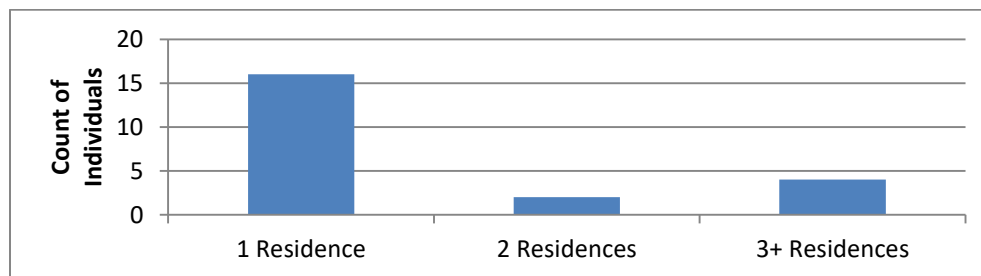
	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	14	8
Measure 7b: Housing supports and services enable individual to maintain safe housing	17	5
Measure 7c: Housing supports and services enable individual to maintain stable housing	12	10
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	11	2

Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	21	1
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Additional Results

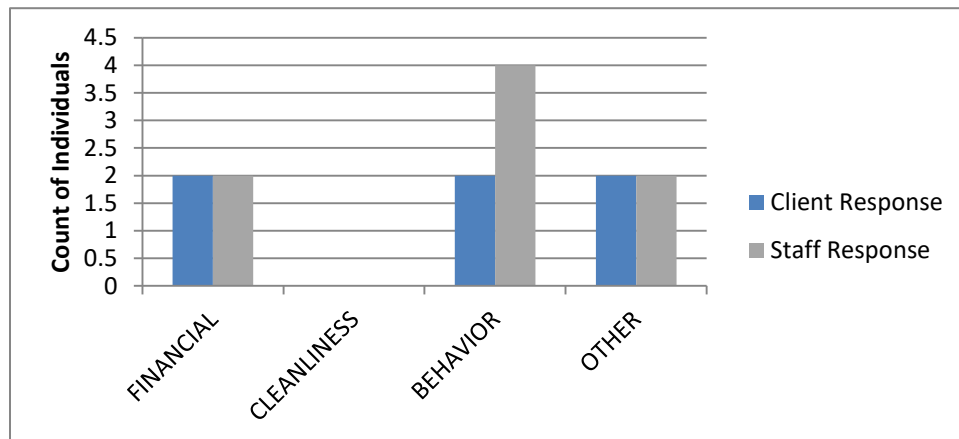
- Seventeen individuals are living in independent private residences, four individuals are living in dependent private residences, and one individual is living in a CMHC-run residential facility (CII Q 28).
- Four individuals responded they were homeless at some point in the past 12 months (CII Q34).
- The most common responses made by individuals of the things most important to them when choosing a place to live were the neighborhood, safety, affordability, size, proximity to stores, restaurants, etc., and access to transportation (CII Q41).
- Sixteen individuals lived in their same residence for the past year or more (CII Q35) (see Figure 2).

Figure 2: Places Lived in the Past Year or More



- Seven individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q30). Staff responded being aware of a safety concern related to housing for four individuals (SII Q23). The most common reasons for the safety concerns were related to criminal and drug activity in the neighborhood and/or building (CII Q31).
- A total of eight unduplicated individuals were at risk of losing housing in the past 12 months based on individual and staff responses (CII Q32, SII Q25). The most common reasons mentioned were related to not being able to afford their housing as well as behaviors such as smoking in the building or allowing others to stay with them who did not follow rules (CII Q33, SII Q26) (see Figure 3).

Figure 3: Reasons for Being at Risk of Losing Housing in the Past 12 Months



- Overall, one individual reviewed was observed to not be receiving services adequate to obtain and maintain stable housing. While this one individual had housing, the income required to maintain it was limited and the family appeared to be in jeopardy of losing this housing if some intervention did not occur in the near future. Additionally, needs related to this were not identified in the clinical record. (OCR Q10).
- One individual expressed some strong points regarding his/her current housing that stood out as important statements to keep in mind in the continuing efforts to assist individuals in living in the least restrictive and most integrated settings as clinically appropriate: “It would be good if somebody could specialize in helping me find housing. They have people here specializing in helping people find a job and to get InShape but they really need someone who focuses on finding affordable housing” (CII Q47).

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual's interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Twenty-two individuals were scored for Quality Indicator 8. MHCGM received a score of 64%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 22 individuals interviewed, 11 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals received supported employment services two or more times in a three-month period (CRR Q30). Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	14	8
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	11	0

Additional Results

- Eight individuals responded they had not been asked by MHCGM staff if they were interested in receiving help finding or keeping a job (CII Q54). Staff responded that 16 individuals had been screened for employment needs in the past 12 months, one had not been screened, and five staff responded they were not sure (SII Q41).
- Of the 14 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), three did not have employment needs identified in either the case management assessment or elsewhere in the clinical records (CRR Q33).
- Eleven of 11 individuals, who received supported employment two or more times in a three-month period, had a comprehensive employment assessment (vocational profile)

completed (CRR Q38). All eleven individual had their employment strengths included in the comprehensive employment assessments (CRR Q39).

Quality Indicator 9: Appropriateness of Employment Treatment Planning

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Sixteen individuals were scored for Quality Indicator 9. MHCGM received a score of 75%.

Quality Indicator 9 consists of Measure 9a. Of the 22 individuals interviewed, six individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services per client (CII Q55) and/or staff (SII Q44) endorsement of employment interest. Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual's changing employment needs and goals	12	4

Additional Results

- MHCGM offers supported employment services throughout greater Manchester and its surrounding catchment areas. A Supported Employment Fidelity Review was completed at MHCGM in March 2018. The MHCGM review resulted in a score of 110 points out of a possible 125 points, or "Good Fidelity." All areas scored ranged between a three and five rating. The following four areas have been identified for the development of a quality improvement plan: Agency Focus on Competitive Employment, Individualized Job Search, Diversity of Job Types, and Assertive Engagement and Outreach by an Integrated Team.
- Fourteen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55); eleven staff were aware of this interest (SII Q44). Of the same 14 individuals, 12 had goals or plans regarding finding or keeping a job (CRR Q35, CRR Q36), as evidenced by their treatment plans and/or case management plans.

- Fifteen out of 15 individuals had treatment plan and/or case management plan goals in alignment with assessed needs (CRR Q42). One additional individual had interest in receiving help in this area, however MHCGM had not assessed employment as a need for this individual, nor established any related goals or plans, therefore it was not possible to evaluate the alignment of the treatment plan/case plan with the assessed needs.

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Sixteen individuals were scored for Quality Indicator 10. MHCGM received a score of 69%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Of the 22 individuals interviewed, seven individuals were considered not applicable for Measure 10a because they reported not being interested in employment or receiving employment support services per client (CII Q55) and/or staff (SII Q44) endorsement of employment interest. Of the 22 individuals interviewed, seven individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q35, CRR Q36). Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	11	4
Measure 10b: Services and supports are meeting individual's employment goals	10	5

Additional Results

- Types of employment services provided include working with individuals on coping with mental health symptoms with regard to its impact on employment, discussing appropriate dress and grooming for job search, assisting with resumes and job applications, and follow along support (CRR Q41).
- Eleven out of the 13 individuals within this indicator who had supported employment prescribed on their treatment plans were not receiving services at the frequency prescribed on their treatment plan (CRR Q11).

- Three individuals responded they were not able to get all the employment related services they needed (CII Q61).
- Two individuals responded they were not getting employment supports and services as often as they needed (CII Q62).
- Three individuals reported they did not have enough supports and services to achieve their employment goals (CII Q63). Narrative responses indicated individuals wanted more help with resume writing, counseling around employment needs, and help getting employment leads. One indicated that the number of interviews he/she was able to get had decreased with recent staff changes (CII Q64).
- Twelve of 15 individuals had employment services and supports in alignment with their employment goals (CRR Q42).
- Of the 15 individuals in Measure 10b, the provided employment services mentioned by staff for all 15 individuals were in alignment with the individuals' treatment plan goals (SII Q53). For 12 out of 15 individuals, staff responded that these services were helping them progress towards their employment goals (SII Q54).
- Five individuals responded they are employed (CII Q49). All five have a competitive job (CII Q50); two work full-time and three work part-time (CII Q51). Three individuals responded they are interested in working more hours (CII Q53). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- Examples of successes and progress for individuals receiving supported employment or other employment related services range from working on the individual's resume, to helping shape behaviors that impact the workplace, to individuals obtaining jobs.

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning,

quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Twenty-two individuals were scored for Quality Indicator 11. MHCGM received a score of 98%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual's related social and community integration needs and preferences	22	0
Measure 11b: Assessment identifies individual's related social and community integration strengths	21	1

Additional Results

- Each individual had an assessment of needs related to social integration and preferences. Such assessments were indicated in such areas as the eligibility screenings, level 1 level 2 assessments, and/or annual assessment updates. Specifically, the MHSIP Eligibility Report assesses each individual's interpersonal skills. Assessment of strengths related to social and community integration was found in all but one individual's clinical record. The same documents mentioned above were the most typical sources for this information. The MHSIP Eligibility Report also assesses each individual's self-help activities (CRR Q44, CRR Q45).

Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and

supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

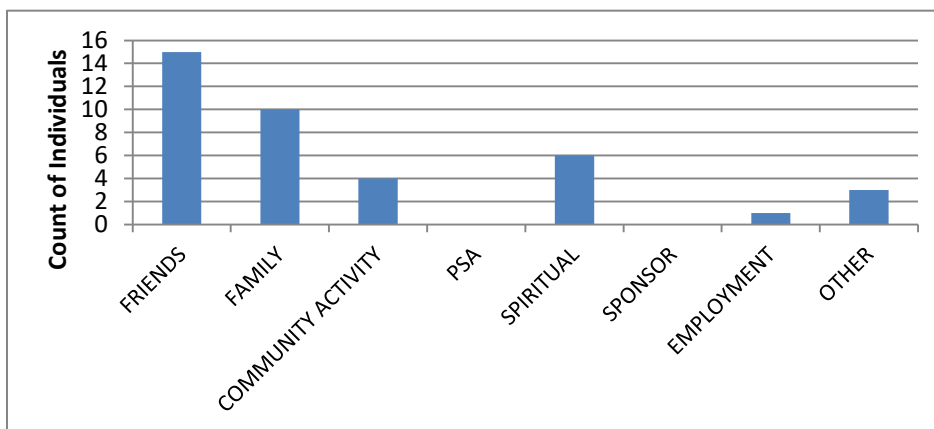
Twenty-two individuals were scored for Quality Indicator 12. MHCGM received a score of 78%. Quality Indicator 12 consists of Measures 12a-12m. Ten individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. One individual did not have social supports identified as a need in the case management assessment or elsewhere in the records and therefore was not applicable for Measure 12j. Individuals were scored as follows:

	YES	NO
Measure 12a: Individual is competitively employed	5	17
Measure 12b: Individual lives in an independent residence	16	6
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	11	1
Measure 12d: Individual is integrated in his/her community	15	7
Measure 12e: Individual has choice in housing	16	6
Measure 12f: Individual has choice in his/her treatment planning, goals and services	16	6
Measure 12g: Individual has the ability to manage his/her own schedule/time	18	4
Measure 12h: Individual spends time with peers and /or family	22	0
Measure 12i: Individual feels supported by those around him/her	18	4
Measure 12j: Efforts have been made to strengthen social supports if needed	11	10
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	22	0
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	22	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	22	0

Additional Results

- For Measure 12d, seven individuals responded they do not feel they are part of their community (CII Q104). The review of quarterly review documentation indicated that two individuals have people in their lives that act as a support system (CRR Q50). Twenty-two individuals were able to identify at least one natural support with whom they spend time, friends being the most frequently mentioned support (CII Q98) (see Figure 4).

Figure 4: Identified Natural Supports



- Five individuals were competitively employed (CII Q49), one of whom identified spending time with people from work to support his/her recovery (CII Q98).
- Overall, all individuals reviewed were observed to be receiving services and supports to achieve increased independence and integration into the community (OCR Q7). Of note, while MHCGM is not required to complete a QIP on Indicator 12, Measure 12j could benefit from some focused attention. Twenty-one of 22 individuals had identified needs related to social functioning, community integration, social supports or related areas (CRR Q46). Seventeen individuals recalled being provided with information from the CMHC about services and supports available to them in the community (CII Q105, CII Q106), however nine individuals felt they did not have an adequate support system (CII Q101). Staff stated that 12 individuals did not have adequate support systems (SII Q69). Of the nine individuals who felt their support systems were not adequate (CII Q101), six said that MHCGM was helping them work towards an improved support system (CII Q102).

- One out of 22 individual reported that they had received support from a peer specialist at MHCGM (CII Q107). Sixteen individuals were aware of peer support agencies in the area (CII Q109). Three individuals had used peer support agencies in the past year (CII Q110).
- Overall, all individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, all of the individuals reviewed were determined to be receiving the services necessary to live in the most integrated setting (OCR Q13). Seventeen individuals interviewed were living in independent residences (CII Q28).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies risks to the individual, protective factors, and coping skills/interventions.

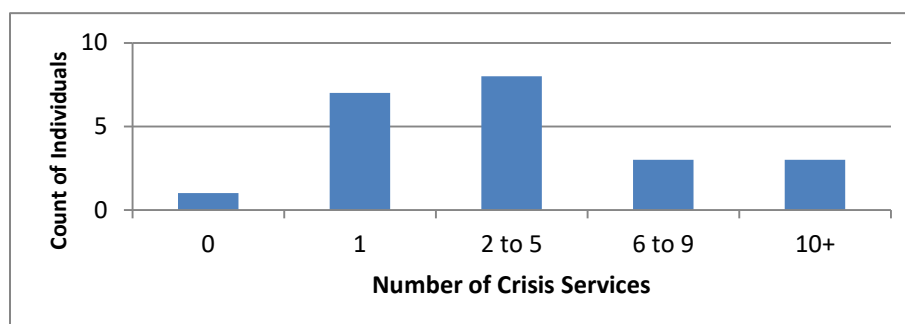
Seventeen individuals were scored for Quality Indicator 13. MHCGM received a score of 63%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 22 individuals interviewed, five individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review according to the clinical records *or* utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	13	4
Measure 13b: Risk was assessed during crisis assessment	16	1
Measure 13c: Protective factors were assessed during crisis assessment	7	10
Measure 13d: Coping skills/interventions were identified during crisis assessment	7	10

Additional Results

- Of the 22 individuals interviewed, three individuals had received 10 or more crisis services in the period under review (CRR Q58) (see Figure 5).

Figure 5: Crisis Services Received in Period Under Review



- Thirteen out of 17 individuals felt crisis services were timely “always” or “most of the time” (CII Q76).
- Documentation of risk assessment was strong, occurring in 16 of 17 crisis notes reviewed (CRR Q59). Protective factors and suggested coping skills were often not identified in crisis service documentation, being found seven out of 17 times (CRR Q59).

Quality Indicator 14: Appropriateness of Crisis Plans

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

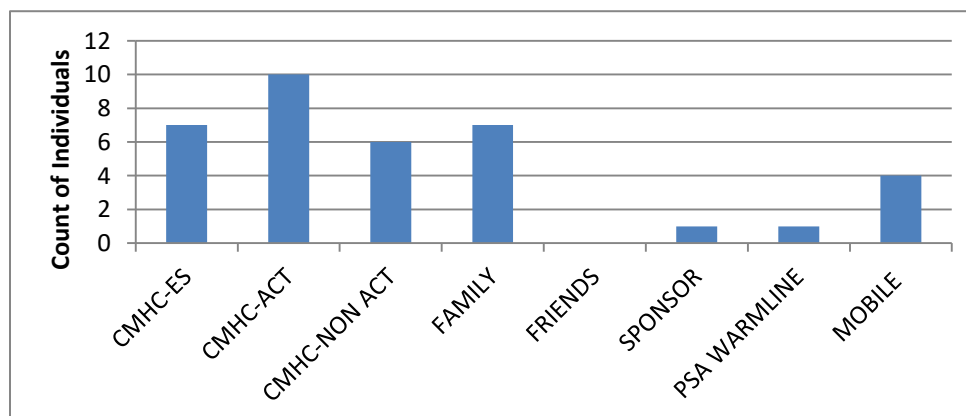
Twenty-two individuals were scored for Quality Indicator 14. MHCGM received a score of 93%. Quality Indicator 14 consists of Measure 14a and Measure 14b.

	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	22	0
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	19	3

Additional Results

- The most common response made by individuals regarding who they would call if having a mental health crisis was the CMHC, followed by family (CII Q67). The individuals were asked an opened ended question and their responses were coded using the following categories (see Figure 6).

Figure 6: Who the Individual Would Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the

site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

For an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

Thirteen individuals were scored for Quality Indicator 15. MHCGM received a score of 77%. Quality Indicator 15 consists of Measures 15a-15e. Of the 22 individuals interviewed, nine individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff, and the clinical record. Specifically, 21 clinical records had documentation of crisis services being provided. Seventeen individuals endorsed receiving crisis services. Sixteen staff endorsed individuals having received crisis services. When documentation and endorsements were analyzed, 13 individuals could be scored. MHCGM has a mobile crisis team, and the nine individuals who endorsed using mobile crisis services during the period under review were considered applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	10	3
Measure 15b: Communication with individual during crisis episode was adequate	10	3
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	7	6
Measure 15d: Crisis interventions occur at site of the crisis (if applicable)	8	1
Measure 15e: Individual was assisted to return to his/her pre-crisis level of functioning	12	1

Additional Results

- Staff responded they received notification from a treatment provider for 12 of the 13 individuals who had received a crisis service. Of those 12, 10 staff received notification within 24 hours (SII Q60). All 13 staff responded they received all of the information needed regarding the crisis for the 13 individuals scored for Indicator 15 (SII Q61).

- Eleven individuals responded they felt heard by staff “always” or “most of the time” during their crisis; two individuals responded they felt heard by staff “occasionally”; and no individuals indicated that they “never” felt heard by staff (CII Q73).
- Of the 13 individuals scored for Quality Indicator 15, seven individuals remained in the home/community setting following their most recent crisis service (CRR Q59).
- Three out of the 13 individuals scored for Quality Indicator 15 accessed crisis services provided by ACT staff (CRR Q59).
- Of the three individuals who had received 10 or more crisis services, two experienced two inpatient psychiatric admissions during the period under review and one had experienced none (CRR Q58, CRR Q71).
- Ten of 13 individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q77).
- Twelve of 13 staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q64).
- See Table 4 for a description of data regarding individuals receiving crisis services and hospitalizations and ACT

Table 4: Receipt of Crisis Services, ACT and Hospitalizations

	Number of crisis services received: 1		Number of crisis services received: 2-5		Number of crisis services received: 6-9		Number of crisis services received: 10+		TOTAL
	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	
Number of individuals received crisis services during the period under review	4	3	5	3	1	2	3	0	21
Number of individuals started ACT within the past 12 months	0	N/A	2	N/A	0	N/A	0	N/A	2
Number of individuals started on ACT longer than the past 12 months	4	N/A	3	N/A	1	N/A	3	N/A	11
Number of inpatient psychiatric hospitalizations during the period under review	4	4	7	5	0	6	4	0	30

Source: QSR Clinical Record Review

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Due to the small and disproportionate size of the non-ACT sample, direct comparisons to the ACT sample are not made within this section of the report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 5: ACT vs. Non-ACT Indicator Scores.

Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Twenty-two individuals were scored for Quality Indicator 16. MHCGM received a score of 95%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	20	2

Measure 16b: Individual receives ACT services when appropriate	22	0
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Additional Results

- Staff indicated sufficient knowledge regarding ACT criteria and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q13).

Quality Indicator 17: Implementation of High Fidelity ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers.

Measure 17a is based on high fidelity standards: ACT teams are to have a capacity to provide high fidelity for frequency of contacts at an average of four or more contacts per week, and intensity at an average of two hours or more of contact per week. Of note, unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of the individuals. ACT services may be titrated when an individual needs more or fewer services.

Fourteen individuals were scored for Quality Indicator 17. CMHC received a score of 50%.

Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 22 individuals interviewed, eight individuals were not receiving ACT services and therefore were not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are provided at the level of service contacts per high fidelity	4	10
Measure 17b: ACT services were provided using a team approach	2	12
Measure 17c: ACT services were provided in the home/community	9	5
Measure 17d: ACT team collaborates with community providers	13	1

Additional Results

A MHCGM ACT Fidelity Review of was completed in October 2017. MHCGM received a “Fair Implementation” rating with a score of 99 out of a possible 140 points. The lowest scoring areas (scored a 1 on a 5-point scale) were: Work with Informal Support System, Individualized Substance Abuse Treatment, Co-occurring Disorder Treatment Groups, and Role of Consumers on Team. In addition to those low scoring areas, MHCGM also has an ACT Fidelity improvement plan in place to address all areas that they scored a one, two, or three.

Data gathered from the clinical records regarding ACT services was based on an average of the four complete weeks preceding the QSR review, not including the most recent week. Data from this QSR regarding the ACT services provided to 14 individuals indicates the following:

- Five individuals had a minimum average of two hours of face-to-face contact with their ACT Team during each of the four complete weeks prior to the QSR (CRR Q66).
- Two individuals had an average of four or more face-to-face contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR (CRR Q67).
- Twelve individuals responded that they received “all” the ACT services they needed from their ACT Team, one individual responded that they “somewhat” received all the ACT services they needed from their ACT Team, and one individual responded that he/she “did not receive all” the services he/she needed from his/her ACT Team (CII Q22).
- Eleven individuals responded they saw their ACT staff as often as they felt was needed; three individual responded they did not (CII Q26).
- Two individuals had face-to-face contact with an average of two or more different ACT Team staff during each of the four complete weeks prior to the QSR (CRR Q65).
- Ten individuals had 80% or more of their ACT services provided in the community; four individuals did not (CRR Q68). Of note, one individual was meeting at the office most of the time due to “billing issues” (SII Q18).

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment

services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Eleven individuals were scored for Quality Indicator 18. MHCGM received a score of 82%.

Quality Indicator 18 consists of Measures 18a-18g. Of the 22 individuals interviewed, 11 individuals and staff confirmed/remembered an inpatient psychiatric admission occurred during the past 12 months and therefore were applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	10	1
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	11	0
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	10	1
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	8	3
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	8	3
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	5	6
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	11	0

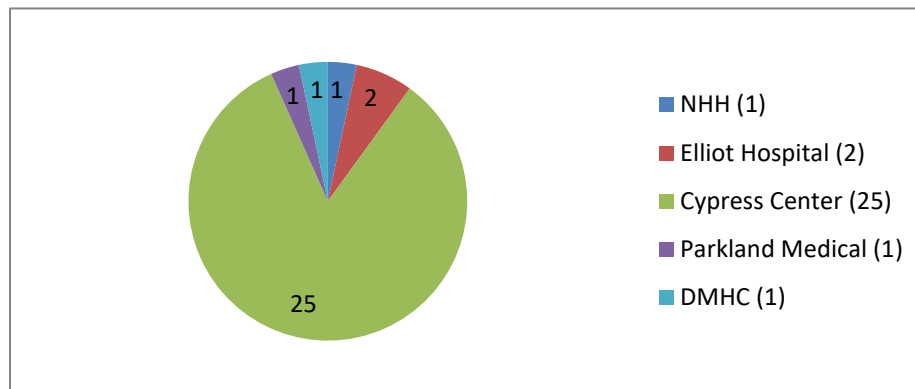
Additional Results

- Thirty inpatient admissions occurred during the period under review. Of the 11 individuals who had a psychiatric admission during the past 12 months, one individual had six distinct admissions, two individuals had four distinct admissions, one individual

had three distinct admissions, six individuals had two distinct admissions, and one individual had one distinct admission (CRR Q71).

- Twenty-five admissions were at Cypress Center, one at New Hampshire Hospital, two at Elliot Hospital, one at Parkland Medical Hospital, and one at Dartmouth Hitchcock Medical Center (CRR Q72) (see Figure 7).

Figure 7: Inpatient Psychiatric Admissions



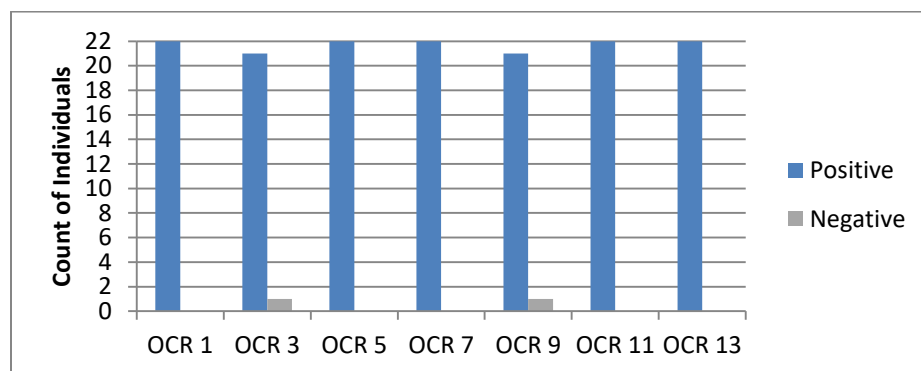
- None of the 11 individuals recalled speaking with a community provider about services prior to discharge (CII Q84).
- Cypress Center discharges represented 90% of the “most recent” discharges for the inpatient psychiatric admission sample, and 80% of the total inpatient psychiatric discharges for the period under review for this same sample cohort. Due to the high utilization of the Cypress Center, an MHCGM Acute Psychiatric Residential Treatment facility, it is difficult to draw conclusions regarding MHCGM’s abilities and efforts regarding transitions back to the community from other, external psychiatric facilities.
- Six of 11 individuals had a readmission within 90 days (CRRQ72). One possible influence on this high rate of readmission is how readily available Cypress Center appeared to be as an option for admission, often being recommended during a MHCGM crisis intervention due to the direct continuity of care with MHCGM treatment staff.
- Eight out of the 11 individuals felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q93 and CII Q95).
- Overall, all individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (OCR Q11).

Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 6: Overall Client Review (OCR)) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview.

Of the 22 individuals reviewed, one individual did not achieve one or more of the OCR outcomes (see Figure 8). This individual is an ACT client.

Figure 8: Overall Client Review Results



VI. Conclusions

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the MHCGM's achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

CMHA Substantive Provisions

1. Crisis Services Outcomes

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
 - i. **Conclusion:** MHCGM met this provision as evidenced by Measure 15e where 12 out of 13 individuals who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** MHCGM met this provision as evidenced by a score of 79% for the Crisis domain and OCR Q11, where 22 of 22 individuals reviewed were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. Compliance with Provision V.C.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
 - ii. **Conclusion:** MHCGM did not meet this provision as evidenced by a score of 50% for Quality Indicator 17, Implementation of High Fidelity ACT Services. The other data points relevant to this provision are as follows:
 - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services received an average score of 88%.
 - 2. Twenty-two of 22 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
 - 3. Twenty-one of 22 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).

4. Twenty-two of 22 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.C.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning; Quality Indicator 5: Appropriateness of Housing Treatment Planning; Quality Indicator 6: Adequacy of Individual Housing Service Delivery; Quality Indicator 7: Effectiveness of Housing Services Provided; Quality Indicator 9: Appropriateness of Employment Treatment Planning; Quality Indicator 10: Adequacy of Individual Employment Service Delivery; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** MHCGM met this provision as evidenced by the following:
 1. Those receiving ACT services had a total average score of 87% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
 2. Twenty-two of the 22 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
 3. Twenty-two of the 22 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
 4. Twenty-two of the 22 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).
- c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.

- i. **Conclusion:** MHCGM met this provision as evidenced by an average score of 79% for the Crisis domain for individuals receiving ACT services.

3. Supported Housing Outcomes

- a. **Provision V.E.1** - Supported housing meets individuals' needs.
 - i. **Conclusion:** MHCGM met this provision as evidenced by a score of 95% for Quality Indicator 5: Appropriate Housing Treatment Planning, and a score of 82% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
- b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
 - i. **Conclusion:** MHCGM met this provision as evidenced by a score of 82% for the Housing domain and OCR Q9, where 21 of the 22 individuals reviewed received services adequate to obtain and maintain stable housing (OCR Q9).

4. Supported Employment Outcomes

- a. **Provision V.F.1** - Provide supported employment services consistent with the Dartmouth evidence-based model.
 - i. **Conclusion:** MHCGM met this provision as evidenced by the Supported Employment Fidelity Review in March 2018. The MHCGM SE Fidelity Review resulted in a score of 110 points out of a possible 125 points, or “Good Fidelity.”
- b. **Provision V.F.1** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
 - i. **Conclusion:** MHCGM did not meet this provision as evidenced by a score of 69% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
- i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region 7.
1. In FY 2017, NAMI NH provided a variety of support groups including:
 - a Family Support Group for those with an adult loved one living with mental illness with a total membership of approximately 200 members, that meets twice per month with an average attendance of 11 family members;
 - a Connection Peer Support Group for consumers that meets monthly with an average meeting attendance of four individuals;
 - a Parents Meeting the Challenge Support Group for parents/caregivers of children/youth with serious emotional disturbance with a total of five members that meets monthly, with an average monthly attendance of four participants;
 - a Survivor of Suicide Loss (SOSL) Support Group that meets monthly with an average of 15-20 attendees at each meeting; and
 - two Facebook Support Groups, one for parents/caregivers of youth with serious emotional disturbance with a total of 286 members across *all of NH*, and one for family members with an adult loved one living with mental illness with a total of 388 members.
 2. NAMI NH provided one-to-one support to a total of 36 Region VII families in FY 2017: 10 families with an adult loved one living with mental illness, 22 families with children with serious

emotional disturbance, and four families of an older adult with behavioral health issues.

3. NAMI NH responded to 57 Information and Resource contacts in FY 2017.
4. Statewide in FY 2017, NAMI NH provided a total of 112 hours of individual support to survivors of suicide loss.

6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
 - i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services On the Road to Wellness (OTRTW) provided in Region VII.
 1. OTRTW is the peer support agency serving the MHCGM catchment area with an office located in Manchester.
 2. Peer supports and services include: transitional housing, individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, warmline services, wellness and recovery action plan training, monthly newsletters, educational events, and assistance with educational and vocational pursuits.
 3. In FY 2017, OTRTW offered the following educational events:
 - Global Leadership Conference, Bedford
 - Focus Group with Peter Janelle, IDN
 - Mental Health First Aid
 - DEA Meeting re: drugs and alcohol
 - Connect the Dots: Mental Health & the Opioid Crisis
 - MHCGM Center Wide Orientation (2 Peer Specialist Staff from OTRTW)
 - Heart Health Presented by CMC
 - Opioid Crisis Community Meeting (Manchester Health Department Tuesday, June 20th – Field trip to Hannaford, Talk with nutritionist

- Joni & Friends Disability Ministry
 - NAMI Walk
 - NH Peer Support Conference
 - NH NAMI Conference
4. For FY 2017, various OTRTW staff were trained in intentional peer support, wellness recovery action planning, mental health first aide, member rights, and sexual harassment.
 5. For the fourth quarter in FY 2017, OTRTW had 418 members in Manchester with an average daily visit rate of 34 members.

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b; Measure 7a; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** MHCGM met this provision as evidenced by:
 1. The average of the individuals who scored “Yes” for Measure 3b, (19 of 22 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (14 of 22 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 75%.
 2. For Quality Indicator 12, MHCGM scored 78%.
 3. Twenty-two of the 22 individuals reviewed received adequate services that provided reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).

4. Twenty-two of the 22 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
5. Twenty-two of the 22 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcome

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
 - i. **Conclusion:** MHCGM met this provision as evidenced by an average score of 77% for the seven QSR domains and OCR Q5, with 22 of 22 individuals receiving all of the services and supports they need to ensure health, safety, and welfare.

9. Obtain and Maintain Stable Housing Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
 - i. **Conclusion:** MHCGM met this provision as evidenced by a score of 82% for the Housing domain.

10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q72), the Crisis domain, and OCR Q11.
 - ii. **Conclusion:** MHCGM did not meet this provision as evidenced by six of the 11 individuals who experienced an inpatient psychiatric admission were re-hospitalized within 90 days (CRR Q72). The other data points relevant to this provision are as follows:
 1. For the Crisis domain, MHCGM received a score of 79%.

2. Twenty-two of the 22 individuals received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

MHCGM scored above the 70% threshold for 14 of the 18 quality indicators.

Based on the QSR assessment data, the following four quality indicators scored below the 70% threshold and are identified for incremental improvement over the next year:

1. *Increase the percentage of individuals receiving adequate employment assessment/screening* (Quality Indicator 8).
2. *Increase the percentage of individuals receiving adequate delivery of employment services* (Quality Indicator 10).
3. *Increase the percentage of individuals receiving adequate crisis assessments* (Quality Indicator 13).
4. *Increase the percentage of ACT program recipients who are receiving High Fidelity ACT Services* (Quality Indicator 17).

For additional information and data related to these areas in need of improvement, please reference Section V. “Mental Health Center of Greater Manchester QSR Findings” and the “Additional Results” listed under the respective quality indicator.

VIII. Next Steps

Within 30 calendar days of receipt of this final report Mental Health Center of Greater Manchester is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Administrator of Operations and the OQAI Program Planning and Review Specialist.

IX. Addendum

Mental Health Center of Greater Manchester had an opportunity to review the QSR initial report during a 15-day review period. MHCGM provided feedback on the sample composition for the

QSR and text related to staff interview responses provided in Quality Indicator 3. DHHS made changes to the final report based on this feedback as described below.

DHHS made the following corrections to the initial report:

- On pages 4 and 8 of the report, text was added to the sample composition section to clarify how DHHS utilizes the four sample categories, *ACT/IPA*, *ACT/No IPA*, *No ACT/IPA*, and *No ACT/No IPA*, during the QSR.
- In Quality Indicator 3, text was added to the last bullet to further clarify staff responses.
- In Quality Indicator 17, bullets 1, 2 and 5 were clarified to indicate that CRR Q65-Q67, are averaged on a weekly basis for *each of* the individuals scored; the scores are not averaged over the four-weeks for the group of individuals scored.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20)
retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”,
Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “ Natural Supports”,
http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know what will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.

7. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the individual.

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a										1b			1c				1d					
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths				Assessment information was gathered through face to face appointment(s)		Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1	YES=	
			NonACT= 75%																						5 No=	
			ACT= 83%																							

Appendix 3: MHCGM QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- 7 Effectiveness of the housing services provided (CMHA VII.A)
 - 7a Housing Supports and services enable individual to meet/progress towards identified housing goals
 - 7b Housing supports and services enable individual to maintain safe housing
 - 7c Housing supports and services enable individual to maintain stable housing
 - 7d Housing supports and services enable individual to be involved in selecting their housing
 - 7e OCR Q9 Services are adequate to obtain and maintain stable housing

EMPLOYMENT SERVICES AND SUPPORTS

- 8 Adequacy of employment assessment/screening (CMHA VII.D.1)
 - 8a Individual needs are adequately identified
 - 8b Individuals received a comprehensive assessment of employment needs and preferences when applicable.
- 9 Appropriateness of employment treatment planning (CMHA V.F.1)
 - 9a Treatment plans are appropriately customized to meet the individual's changing needs and goals
- 10 Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)
 - 10a Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs
 - 10b Employment Services and supports are meeting individual's goals

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- 11 Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
 - 11a Assessment identifies individuals' related needs and preferences
 - 11b Assessment identifies individuals' related strengths
- 12 Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4)
 - 12a Individual is competitively employed
 - 12b Individual lives in an independent residence
 - 12c Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility
 - 12d Individual is integrated in his/her community
 - 12e Individual has choice in housing
 - 12f Individual has choice in their treatment planning, goals and services
 - 12g Individual has the ability to manage his/her own schedule/time
 - 12h Individual spends time with peers and/or family

- 12i Individual feels supported by those around him/her
- 12j Efforts have been made to strengthen social supports if needed
- 12k OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
- 12k OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
- 12k OCR Q13 Services are adequate to live in the most integrated setting

CRISIS SERVICES AND SUPPORTS

- 13 Adequacy of crisis assessment (CMHA V.C.1)
 - 13a Assessment was timely
 - 13b Risk was assessed
 - 13c Protective factors were assessed
 - 13d Coping skills/interventions were identified
- 14 Appropriateness of crisis plans
 - 14a Individual has a crisis plan that is person centered
 - 14b Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
- 15 Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
 - 15a Communication with treatment providers was adequate
 - 15b Communication with individual was adequate
 - 15c Crisis service delivery is sufficient to stabilize individual as quickly as practicable
 - 15d Crisis interventions occur at site of the crisis (if applicable)
 - 15e Individual is assisted to return to his/her pre-crisis level of functioning

ACT SERVICES AND SUPPORTS

- 16 Adequacy of ACT screening (CMHA VII.D.1)
 - 16a ACT screening was completed
 - 16b Individual receives ACT services when appropriate
- 17 Implementation of High Fidelity ACT Services (CMHA V.D.2.b; V.D.2.c)
 - 17a ACT Services are provided at the level of service contacts per high fidelity
 - 17b ACT services are provided using a team approach
 - 17c ACT services are provided in the home/community
 - 17d ACT team collaborates with community providers

IPA TRANSITION/DISCHARGE

- 18 Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
 - 18a Individual was involved in the discharge planning process
 - 18b There was In-reach by the community mental health center
 - 18c Individual returned to appropriate housing
 - 18d Service provision has the outcome of increased community integration
 - 18e Coordination of care
 - 18f Absence of 90 day readmission to an inpatient psychiatric facility
 - 18g OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

Appendix 4: Mental Health Center of Greater Manchester Agency Overview

The Mental Health Center of Greater Manchester (MHCGM), established in 1960, is a private non-profit, community mental health center serving the needs of children, adolescents, and adults and their families. MHCGM is approved from September 1, 2014 through August 31, 2019 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. MHCGM is designated as a CMHP for Region VII, which encompasses eight cities and towns within Hillsborough, Merrimack and Rockingham counties.

MHCGM has two offices located in Manchester that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI).

MHCGM offers three primary supported housing units. Manchester Street is a housing program with 16 single rooms, a shared kitchen, and shared bathrooms. Staff are on site providing daily housing supports. The Merrimack Street program supports 11 two-bedroom apartments with a 24-hour staffed office. The Brown Avenue program is a licensed community residence providing intensive supervision to 12 individuals.

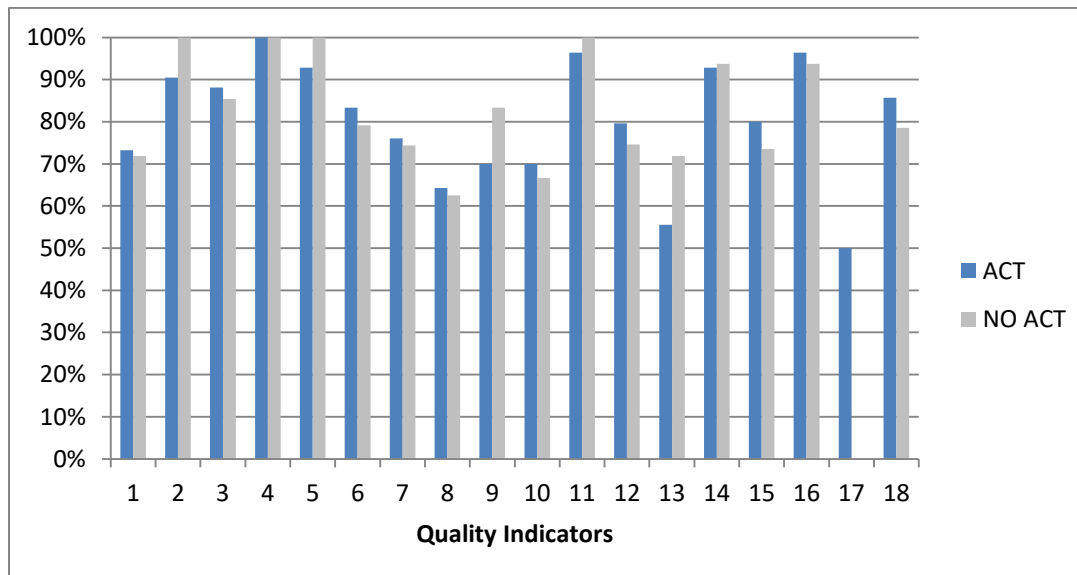
MHCGM provides a variety of comprehensive and evidence-based mental health services to adults. These include trauma informed services such as Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy; Cognitive Behavioral Therapy for Insomnia (CBT-I); Referral, Education, Assessment, and Prevention services (REAP) for senior citizens; and a Vivitrol clinic for medication assisted treatment for opioid and alcohol use disorder.

One hospital and one acute psychiatric rehabilitation treatment (APRT) facility are located within the MHCGM catchment area that provide psychiatric inpatient services. Elliot Hospital has a 12-bed adult psychiatric unit and a 29-bed geropsych unit, with a total of 14 Designated Receiving Facility (DRF) beds for patients who are involuntarily admitted for mental health treatment. Elliot Hospital also operates a dedicated psychiatric section of the Emergency Department. The Cypress Center is a 16-bed licensed APRT and DRF that is operated by the MHCGM.

MHCGM contracts with Elliot Hospital and Catholic Medical Center Hospital to provide 24-hour mental health crisis services. Additionally, MHCGM has a mobile crisis response team and operates two crisis apartments that provides an alternative to psychiatric hospitalization.

Appendix 5: ACT vs Non-ACT Indicator Scores

Indicator #	Total N:	Indicator	Score % and N				Difference
			ACT	ACT N	NO ACT	NO ACT N	
1	22	Adequacy of Assessment	73%	14	72%	6	1%
2	22	Treatment planning is appropriately customized to meet the	90%	14	100%	6	-10%
3	22	Adequacy of individual service delivery	88%	14	85%	6	3%
4	22	Adequacy of Housing Assessment	100%	14	100%	6	0%
5	22	Appropriate of Housing Treatment Plan	93%	14	100%	6	-7%
6	22	Adequacy of individual housing service delivery	83%	14	79%	6	4%
7	22	Effectiveness of Housing supports provided	76%	14	74%	6	2%
8	22	Adequacy of employment assessment/screening	64%	14	63%	6	2%
9	16	Appropriateness of employment treatment planning	70%	12	83%	2	-13%
10	16	Adequacy of individual employment service delivery	70%	13	67%	4	3%
11	22	Adequacy of Assessment of social and community integration needs	96%	14	100%	6	-4%
12	22	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	80%	14	75%	6	5%
13	17	Adequacy of Crisis Assessment	56%	5	72%	4	-16%
14	22	Appropriateness of crisis plans	93%	14	94%	6	-1%
15	13	Comprehensive and effective crisis service delivery	80%	2	74%	3	6%
16	22	Adequacy of ACT Screening	96%	14	94%	6	3%
17	14	Implementation of High Fidelity ACT Services	50%	14	N/A	0	N/A
18	11	Successful transition/discharge from the inpatient psychiatric facility	86%	7	79%	6	7%



Appendix 6: Overall Client Review (OCR)

OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1 Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.

If YES, Skip to OCR Q3

OCR Q2 What is not consistent with the individual's demonstrated need?

OCR Q3 Are there additional services (including changes in intensity, frequency, or duration) the individual needs that have not been identified in assessments or on the treatment plan? Yes or No.

If NO, Skip to OCR Q5

OCR Q4 What additional services are needed?

OCR Q5 Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.

If YES, Skip to OCR Q7

OCR Q6 What additional services are needed?

OCR Q7 Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.

If YES, Skip to OCR Q9

OCR Q8 What additional services are needed?

OCR Q9 Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.

If YES, Skip to OCR Q11

OCR Q10 What additional services are needed?

OCR Q11 Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization?

If YES, Skip to OCR Q13

OCR Q12 What additional services are needed?

OCR Q13 Is the individual receiving adequate services to live in the most integrated setting?

If YES, Skip to OCR Completion Box

OCR Q14 What additional services are needed?